

**ST. ANN'S CATHOLIC CHURCH, LA VERNIA, TEXAS
MEDICAL RELEASE/PERMISSION FORM/ TRAVEL AND PHOTO DISCLAIMER**

STUDENT _____ PARENT/GUARDIAN _____

By signing on the reverse of this page, I hereby consent to participation by my son/daughter in Religious Education and/or all youth events sponsored by St. Ann's Catholic Church. I understand that my son/daughter will be under the supervision of diocesan and parish personnel or volunteers. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of San Antonio, its' clergy, officers, agents, employees, and volunteers from any claims, costs, or expenses for property damages, personal injuries, or other damages arising out of my son/daughter's participation in these activities. In case of a medical emergency, I grant permission to transport my child to the nearest hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Insurance Policy Holder's Name _____ (please provide a copy of insurance card)

Insurance Company Name _____ Policy # _____

My child is taking medication and will bring it with him/her. It will be clearly labeled. Medication and directions are as follows:

Emergency Contact:

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

Photo/Video Disclaimer

My signature on the reverse of this page gives permission for my son/daughter to be photographed/videoed realizing that this media may be published in newsletters, on bulletin boards, for teacher training, or other publications FOR THE CHURCH OR DIOCESE USE ONLY.

_____ Check here if you **do not** wish to give permission for your son/daughter to be photographed.

Personal Vehicle Travel Permission Disclaimer

Note: My signature on the reverse of this page indicates that I agree I will not hold St. Ann's Catholic Church or any of the volunteer drivers responsible for any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's travel to events held by St. Ann's Catholic Church. I assume the risk of injury and give up any and all claims for damages I may have against St. Ann's Catholic Church, the Diocese of San Antonio, and/or others associated with the event.